

**NEW YORK STATE MEDICAID PROGRAM
PROTON PUMP INHIBITOR (PPI) PRIOR AUTHORIZATION REQUEST
PRESCRIBER WORKSHEET**

Prior Authorization Call Line 1-877-309-9493

Prescription Proton Pump Inhibitors (PPI) must be prior authorized effective October 3, 2005. **Generic prescription and OTC gastric acid reducers do not require prior authorization.** A voice interactive call line is utilized to obtain prior authorization when appropriate.

Be prepared to respond to these questions when you call.

A. PRESCRIBER IDENTIFIER Ordering Practitioner MMIS Provider ID number OR license NYS Physician/PA/Resident NYS Nurse Practitioner/Midwife NYS Dentist NYS Podiatrist OR Out-of-State Prescriber License	Complete <u>one</u> of the following prescriber identifiers: Provider ID Number (MMIS) _____ OR license 0 0 _____ F _____ 0 0 0 _____ 0 0 0 0 _____ OR _____ (Use your state abbreviation in the first two spaces.)
B. CLIENT IDENTIFICATION NUMBER (2 letters, 5 numbers, 1 letter)	_____
C. PRESCRIBER TELEPHONE NUMBER	(____) _____ - _____ Area Code
D. PPI NAME: Select the numeric value for the prescribed PPI. 1. Lansoprazole (Prevacid) 2. Prescription omeprazole (Prilosec, Zegerid) 3. Pantoprazole (Protonix) 4. Esomeprazole (Nexium) 5. Rabeprazole (Aciphex)	<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>
E. DIAGNOSIS/JUSTIFICATION Does the patient have a documented diagnosis that requires only the use of PPIs? Have you considered an alternative over-the-counter drug therapy for the symptoms described prior to prescribing only a PPI? Does the patient have a documented medical reason to not use an over-the-counter PPI?	Yes ____ No ____ Yes ____ No ____ Yes ____ No ____
Record the prior authorization number here for your records and on the top of the patient's prescription.	_____

For billing questions, contact 1-800-343-9000.
For clinical concerns or policy questions, contact the
Pharmacy Policy and Operations Staff at (518) 486-3209.
INSTRUCTIONS ON REVERSE SIDE

**NEW YORK STATE MEDICAID PROGRAM
PROTON PUMP INHIBITOR (PPI) PRIOR AUTHORIZATION REQUEST
PRESCRIBER INSTRUCTIONS**

Prior Authorization Call Line 1-877-309-9493

Drugs NOT Requiring Prior Authorization	Status
omeprazole magnesium (Prilosec OTC)	No Prior Authorization
Other Generic Prescription/OTC Gastric Acid Reducers Including: cimetidine (Tagamet) famotidine (Pepcid) ranitidine (Zantac) nizatidine (Axid)	No Prior Authorization
Drugs Requiring Prior Authorization	Effective October 3, 2005
All lansoprazole including Prevacid 15 mg., 30mg.	Prior Authorization Required
All prescription omeprazole including Prilosec 10mg., 20mg., 40mg.	Prior Authorization Required
All esomeprazole magnesium trihydrate including Nexium 20mg., 40mg.	Prior Authorization Required
All pantoprazole sodium including Protonix 20mg.	Prior Authorization Required
All rabeprazole sodium including Aciphex 20mg.	Prior Authorization Required

PROCEDURE

- ◆ Prescriber writes prescription for a Proton Pump Inhibitor.
- ◆ Prescriber or agent calls 1-877-309-9493. Information can be entered either by voice or by using the phone keypad.
- ◆ Choose option "9 Other Drugs" and you will be prompted to select Proton Pump Inhibitor.

A. PREScriBER IDENTIFIER:

Choose Prescriber Option

Residents and physician assistants must use the provider identification/license number of their supervising physician. Do not use a hospital/clinic or group provider identification number.

- ◆ Enter your personal MMIS provider identification number
- OR**
- ◆ License Number
 - Choose '1' for Physician/Physician Assistant/Resident
 - Choose '3' for Nurse Practitioner/Midwife
 - Choose '4' for Dentist
 - Choose '5' for Podiatrist

B. CLIENT IDENTIFICATION NUMBER: Enter the patient's Medicaid client identification number (2 letters, 5 numbers, 1 letter). Follow the prompts.

C. PREScriBER TELEPHONE NUMBER: Enter your ten-digit telephone number (area code/number).

D. PROTON PUMP INHIBITOR NAME: Select the numeric value for the drug you are prescribing.

E. DIAGNOSIS/JUSTIFICATION: Respond "Yes" or "No" to the following questions:

1. Does the patient have a documented diagnosis that requires only the use of PPIs?
2. Have you considered an alternative over-the-counter drug therapy for the symptoms described prior to prescribing only a PPI?
3. Does the patient have a documented medical reason to not use an over-the-counter PPI?

- ◆ **A prior authorization number will be returned; write it legibly on the face of the prescription.**
- ◆ Do not fax a copy of this worksheet; it must be kept in the patient's medical chart for future reference.
- ◆ The Proton Pump Inhibitor Prior Authorization Worksheet should be reproduced for future prescribing.

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